	121/
ARIZONA STATE BOARD OF HEALTH Blate File No	
BUREAU OF VITAL STATISTICS	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH	
County_ Sula	State Urapua
District or Township or Village or Village	
$C \circ T \circ A(I) \circ$	
(If child is not yet named, make	
2. Full name of child Silvan A Welly supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date 7. Date 7.	
in event of plural births. 5. No., in order of birth	Month Day Year
8. FATHER	14. MOTHER $_{\varphi}$
Full name Christofal Robella	Full maiden name Mana, Wulra
9. Residence (Usual place of abode) Mami,	15. Residence (Usual place of abple) Miami,
If non-resident, give place and state.	If non-resident, give place and state. Mysuk.
10. Color or race	16. Color or race
Maria 3.	20
11. Age at last birthday 3.5 (Years)	17. Age at last birthday. 2.3. (Teals)
12. Birthplace (city or place) Lake Co	18. Birthplace (city or place)
(State or country)	(State or country) / My.
13. Occupation	19. Occupation
Nature of industry	Nature of industry
Miner	21. Were precautions taken against oph-
20. Number of this feeting the feeting that the feeting the feetin	
certified and including this child.) (c) Stillborn.	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* The state of the child who was a few and the state above stated.	
Thereby certify that I attended the birth of this Child, who was (Born alive or stillborn)	
* When there was no attending physician or midwife, then the father, householder, Signature Oyul M. Corow M. D.	
etc., should make this return. A stillborn child is one that neither breathes nor	
shows other evidence of life after pirth.	
Given name added from a supplemental report Verth day year Address / Control of the Address / Co	
Month, day, year Filed. 74.1 S.d. 1929 (D. &- Drong)	
Registrat	
599-208-131	
and the state of t	

N. B.-In case of more than one child